

11/31

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR U.S. WITH FORM PTO-678)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	09/341299					
7-28-02 1-27-03 CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				61					
2		/		/			62					
3		/		/			63					
4		/		/			64					
5		/		/			65					
6		/		/			66					
7		/		/			67					
8		/		/			68					
9		/		/			69					
10		/		/			70					
11		/		/			71					
12		/		/			72					
13		/		/			73					
14		/		/			74					
15		/		/			75					
16		/		/			76					
17	/		/				77					
18		/		/			78					
19		/		/			79					
20		/		/			80					
21		/		/			81					
22		/		/			82					
23		/		/			83					
24		/		/			84					
25		/		/			85					
26		/		/			86					
27		/		/			87					
28		/		/			88					
29		/		/			89					
30		/		/			90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2		3				TOTAL IND.					
TOTAL DEP.		45		27			TOTAL DEP.					
TOTAL CLAIMS	27		30				TOTAL CLAIMS					